

FAX TRANSMISSION**RECEIVED
CENTRAL FAX CENTER****MAR 10 2005****DATE:** March 9, 2005**PTO IDENTIFIER:** Application Number 09/761,112-Conf. #3637
Patent Number**Inventor:** Richard S. Slevin**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (703) 872-9306**FROM:** PATENT LAW OFFICES OF MICHAEL E. WOODSMichael E. Woods *Mew***PHONE:** (415) 388-0830**Attorney Dkt. #:** 23070-0708**PAGES (Including Cover Sheet):** 16**CONTENTS:** Amendment After Final Action (37 C.F.R. Section 1.116) (12 pages)
Amendment Transmittal (1 page)
Interview Request/Summary Form (1 Page)
Certificate of Transmission (1 page)

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PTO/SB/97 (09-04)

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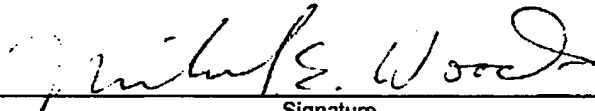
Application No. (if known): 09/761,112

Attorney Docket No.: 23070-0708

Certificate of Transmission under 37 CFR 1.8

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on March 10, 2005
Date



Signature

Michael E. Woods

Typed or printed name of person signing Certificate

33,466

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Amendment After Final Action (37 C.F.R. Section 1.116) (12 pages)

Amendment Transmittal (1 page)

Interview Request/Summary Form (1 Page)

PTO/SB/97 (09-04)

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Applicant Initiated Interview Request Form

Application No.: 09/761,112-Conf. #3637 First Named Applicant: Richard S. Slevin
 Examiner: S. Zia Art Unit: 2131 Status of Application: _____

Tentative Participants:

(1) Michael E. Woods (2) _____
 (3) _____ (4) _____

Proposed Date of Interview: 8 Feb 2005 Proposed Time: 10AM (AM/PM)

Type of Interview Requested:

(1) ☒ Telephonic (2) ☐ Personal (3) ☐ Video Conference

Exhibit To Be Shown or Demonstrated: ☐ YES ☒ NO

If yes, provide brief description: _____

Issues To Be Discussed

Issues (Rej., Obj., etc)	Claims/ Fig. #s	Prior Art	Discussed	Agreed	Not Agreed
(1) <u>Rej</u>	<u>All</u>	<u>All Cited</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(2) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Continuation Sheet Attached

Brief Description of Arguments to be Presented:

All claims recite structural/operation limitations not shown/mentioned in cited art – specifically including the interposition of a gating biometric-controlled switch between a power source for an electronic device and the electronic device

An interview was conducted on the above-identified application on 8 Feb. 2005 at 10AM

NOTE:

This form should be completed by applicant and submitted to the examiner in advance of the interview (see MPEP §713.01).

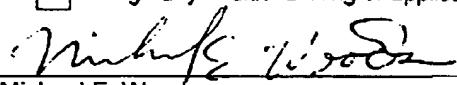
This application will not be delayed from issue because of applicant's failure to submit a written record of this interview. Therefore, applicant is advised to file a statement of the substance of this interview (37 CFR 1.133(b)) as soon as possible.

Michael E. Woods
 Applicant/Applicant's Representative Signature

 Examiner/SPE Signature

Michael E. Woods
 Typed/Printed Name of Applicant or Representative

33,466
 Registration Number, if applicable

AMENDMENT TRANSMITTAL LETTER			Docket No. 23070-0708	
Application No. 09/761,112-Conf. #3637	Filing Date January 16, 2001	Examiner S. Zia	Art Unit 2131	
Applicant(s): Richard S. Slevin				
Invention: Access control apparatus and method for electronic device				
TO THE COMMISSIONER FOR PATENTS				
Transmitted herewith is an amendment in the above-identified application.				
The fee has been calculated and is transmitted as shown below.				
CLAIMS AS AMENDED				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate
Total Claims	49	- 49 =		x
Independent Claims	8	- 8 =		x
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
Other fee (please specify):				
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:				0.00
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity				
<input checked="" type="checkbox"/> No additional fee is required for this amendment.				
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.				
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.				
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.				
<input type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. _____ as described below. A duplicate copy of this sheet is enclosed.				
<input type="checkbox"/> Credit any overpayment.				
<input type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.				
 Michael E. Woods Attorney Reg. No.: 33,466			Dated: March 10, 2005	
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